No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 4 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37100

Registration District No. 156 Primary Registration District No. 2001 Registrar's No.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County JASPER

(b) City or town JOPLIN (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St John's Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Week (Specify whether

In this community 1 Week years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JASPER 49

(c) City or town CARL JUNCTION (If outside city or town limits, write "RURAL")

(d) Street No. RURAL Rt#1 (If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Anna Houston

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife Otis A.

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased November (Month) 25 (Day) 1940 (Year)

8. AGE: Years 78 Months 7 Days 5 If less than one day hr. min.

9. Birthplace CARL JUNCTION (City, town, or county) MO. 0 (State or foreign country)

10. Usual occupation

11. Industry or business House wife

FATHER
12. Name Stephen Chitwood
13. Birthplace MARION CO. (City, town, or county) ILL (State or foreign country)

MOTHER
14. Maiden name SUSAN JOHNSON
15. Birthplace (City, town, or county) MISSOURI 0 (State or foreign country)

16. (a) Informant FLOYD HOUSTON

(b) Address 1928 PORTER WICHITA, KS.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof NOV 28-48 (Month) (Day) (Year)

(c) Place: burial or cremation CARL JUNCTION CEMETERY

18. (a) Signature of funeral director Thornhill-Dillon Mortuary

(b) Address JOPLIN, MO.

19. (a) 11-26-48 (Date received local registrar) (b) Ed D. James (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 25 year 1948 hour 4 minute 45 P.M.

21. I hereby certify that I attended the deceased from Oct 18, 1948, to Nov. 25, 1948; that I last saw her alive on Nov. 25, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bacterial Nephritis	2
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Diverticulitis of colon; Staphylococcus infection of skin on face	2
Major findings: Of operations	6 weeks
Of autopsy	

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature R. L. Raney (M. D.)

Address Joplin Date signed 11-26-48

158-0

(Licensed Embalmer's Statement on Reverse Side)

48-12-1004

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Erling M. Dungy

Licensed Embalmer No. 3566

P. O. Address Joplin Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.